

Political Organization
Notice of Section 527 Status

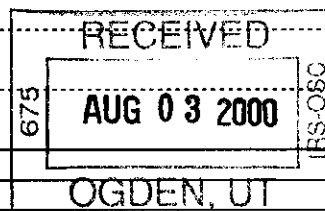
OMB No. 1545-1693

Part I General Information

1 Name of organization <i>MARYANNE MORSE Campaign</i>		Employer identification number <i>59 3660278</i>
2 Mailing address (P.O. Box or number, street, and room or suite number) <i>349 Sparrow Wood Ct</i> City or town, state, and ZIP code <i>LAKE MARY, FL 32746</i>		
3 E-mail address of organization <i>N/A</i>		
4a Name of custodian of records <i>MARYANNE MORSE</i>	4b Custodian's address <i>349 Sparrow Wood Ct</i> <i>Lake Mary, FL 32746</i>	
5a Name of contact person <i>Same as above</i>	5b Contact person's address <i>Same as above</i>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <i>Same as above</i> City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization <i>Local Political Campaign</i>
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**Part III List of All Related Entities** (see instructions)

8a Name of related entity	8b Relationship	8c Address
<i>None</i>		<i>OGDEN, UT</i>

[illegible]

**Sign
Here**

Signature of authorized official

Date _____